## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10065394

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                              |                      |                              |                    |   | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                         |                        |           |
|--|--|---|------------------------------|----------------------|------------------------------|--------------------|---|---------------------|------------------------|-------------------------------|-------------------------|------------------------|-----------|
| TOTAL CLAIMS   |  |   | 26                           |                      |                              |                    |   | RATE                | FEE                    |                               | RATE                    | FEE                    |           |
| FOR  |  |   | NUMBER FILED                 |                      | NUMBER EXTRA                 |                    |   | BASIC FEE           | 370.00                 | OR                            | BASIC FEE               | 740.00                 |           |
| TOTAL CHARGEABLE CLAIMS  |  |   | 26 minus 20=                 |                      | *                            | B                  |   | X\$ 9=              |                        | OR                            | X\$18=                  | 108                    |           |
| INDEPENDENT CLAIMS   |  |   | 5 minus 3 = *                |                      | *                            | 2                  |   | X42=                |                        | OR                            | X84=                    | 168                    |           |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                       |                      |                              |                    |   | +140=               | *                      | OR                            | +280=                   | 1.5 %                  | İ         |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                              |                      |                              |                    |   | TOTAL               |                        | OR                            | TOTAL                   | 107/                   |           |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |                              |                      |                              |                    |   | SMALL               | ENTITY                 | OR                            | OTHER THAN SMALL ENTITY |                        |           |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA   |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |           |
|  | Total  | * 26                                      | Minus                        | **                   | 26                           | =                  |   | X\$ 9=              |                        | OR                            | X\$18=                  |                        |           |
|  | Independent                                    | * 5                                       | Minus                        | ***                  | 5                            |                    |   | X42=                |                        | OR                            | X84=                    |                        | ĺ         |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                      |                              |                    |   | +140=               |                        | OR                            | +280=                   |                        |           |
|  | 6 11/17,22                                     |   |                              |                      |                              |                    | ı | TOTAL               |                        |                               | TOTAL<br>ADDIT. FEE     |                        |           |
|  |  | (Column 1)                                |                              | (Colu                | mn 2)                        | (Column 3)         |   | ADDIT. FEE          |                        |                               | ADDII. FEE              | <del></del>            |           |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | CONTRACTOR STATE STATE STATE | NUN<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA   |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |           |
|  | Total  | *   | Minus                        | **                   |                              | =                  |   | X\$ 9=              |                        | OR                            | X\$18=                  |                        |           |
|  | Independent                                    | *   | Minus                        | ***                  |                              | =                  |   | X42=                |                        | OR                            | X84=                    |                        | טרט       |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                      |                              |                    |   | +140=               |                        | OR                            | +280=                   |                        | 1222      |
|  |  |   | •                            |                      |                              |                    |   | TOTAL<br>ADDIT. FEE |                        |                               | TOTAL<br>ADDIT. FEE     |                        | 18        |
|  |  | (Column 1)                                |                              | (Colu                | mn 2)                        | (Column 3)         | ĺ | ADDI1.1 LL1         |                        |                               | ADDIT: I EE             |                        | 🗲         |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIĞI<br>NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA   |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE | TYNICADLE |
|  | Total  | *   | Minus                        | **                   |                              | =                  |   | X\$ 9=              |                        | OR                            | X\$18=                  |                        |           |
| ME   | Independent                                    | *   | Minus                        | ***                  |                              | =                  |   | X42=                |                        | OR                            | X84=                    |                        | C         |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                      |                              |                    |   |                     |                        |                               |                         | <u> </u>               | -         |
| *  | If the entry in colu                           | mn 1 is less than t                       | he entry in col              | ımn 2. writ          | te "O" in co                 | olumn 3.           |   | +140=               |                        | OR                            | +280=                   |                        | Į         |
| **   | If the "Highest Nu<br>If the "Highest Nu       | mber Previously P                         | aid For" IN TH               | IS SPACE             | is less tha                  | an 20, enter "20." | , | TOTAL<br>ADDIT. FEE | _                      | OR                            | TOTAL<br>ADDIT. FEE     |                        | -         |